

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
1	/		/			
2		/		/		
3		/				
4	3			/		
5	3			/		
6	3			/		
7	3			/		
8	①			/		
9	1		/			
10		/		/		
11		/				
12	+			/		
13	/			/		
14	/			/		
15	/			/		
16	2			/		
17	①			/		
18	/			/		
19	/			/		
20	2			/		
21	2			/		
22	①			/		
23	①			/		
24	①			/		
25	①			/		
26	①			/		
27	②			/		
28	2			/		
29	2			/		
30	2			/		
31	2			/		
32	/			/		
33	/			/		
34	/			/		
35	/			/		
36	/			/		
37	/			/		
38	/			/		
39	/			/		
40	/			/		
41	3			/		
42	3			/		
43	①			/		
44	①			/		
45						
46						
47						
48						
49						
50						
TOTAL IND.			11			
TOTAL DER.			33			
TOTAL CLMS			44			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS